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Image# 201510169003101315

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than A	An Authorized	I Committee			Office Use Or	nly
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing, tyr the lines.	уре	12FE4M5		
American Health Care	Association Po	olitical Action	Committee				
ADDRESS (number and street)	1201 L Street, NW						
Check if different than previously reported. (ACC)	Washington				DC	20005	
2. FEC IDENTIFICATION NU	MBER ▼	CITY ▲			STATE A	ZIP	CODE A
C C00006080		3. IS THIS REPORT	X NEW (N)	OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1 July 15 Quarterly Report (Q2 October 15 Quarterly Report (Q3 January 31 Year-End Report (YE July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-Elec Report fo	Election on ection	Jun 2 Jul 20 Primary (12P) Convention (12C)	20 (M5) 20 (M6) 0 (M7)	Sep	in t Sta 0R) in t	Special (30S)
5. Covering Period 09	01	2015	through	M M 09	30 /	2015	T
I certify that I have examined this Type or Print Name of Treasurer		best of my know	wledge and belief	f it is true	e, correct and	l complete.	
Signature of Treasurer Mr. M.	ichael Wylie		[Electronically File		ate 10	/ 16	2015
NOTE: Submission of false, erroned	ous, or incomplete in	mormation may su	bject the person s	agriirig (N	is neport to tr		ORM 3X
Use Only						Rev. 1	12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 09 01 2015 To: 09 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		213354.30
	(b) Cash on Hand at Beginning of Reporting Period	210803.71	
	(c) Total Receipts (from Line 19)	30948.73	478109.26
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	241752.44	691463.56
7.	Total Disbursements (from Line 31)	98985.88	548697.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	142766.56	142766.56
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ontributions (other than loans) From:	10101 1110 1 01100	
) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	29102.60	444607.83
(ii) Harita mains al	1046 12	18328.43
	, 1646.13	10320.43
Lines 11(a)(i) and (ii)▶	30948.73	462936.26
) Political Party Committees	0.00	0.00
(such as PACs)	0.00	10000.00
,		
11(a)(iii), (b), and (c)) (Carry	20040.70	472026.26
	30948.73	472936.26
		0.00
arty Committees	0.00	0.00
LLoans Received	0.00	0.00
254.15 1 15551 754	7	
pan Repayments Received	0.00	0.00
		7 7
Carry Totals to Line 37, page 5)	0.00	0.00
efunds of Contributions Made		
Federal Candidates and Other		
olitical Committees	0.00	5173.00
ther Federal Receipts		
	0.00	0.00
•		
(from Schedule H3)	0.00	0.00
	0.00	
) Levin Funds (from Schedule H5)	0.00	0.00
) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	Total This Period				
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
	(i) Federal Share	0.00	0.00			
	(ii) Non-Federal Share	0.00	0.00			
	(b) Other Federal Operating					
	Expenditures	985.88	11197.00			
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	985.88	11197.00			
2.	Transfers to Affiliated/Other Party					
3.	Committees Contributions to	0.00	0.00			
	Federal Candidates/Committees and Other Political Committees	98000.00	523000.00			
4.	Independent Expenditures	0.00	0.00			
5.	(use Schedule E)	0.00	0.00			
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
6.	Loan Repayments Made	0.00	0.00			
	ì					
7. 8.	Loans Made	0.00	0.00			
	(a) Individuals/Persons Other Than Political Committees	0.00	8500.00			
	(b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees					
	(such as PACs)	0.00	0.00			
	(d) Total Contribution Refunds					
	(add Lines 28(a), (b), and (c))▶	0.00	8500.00			
29.	Other Disbursements	0.00	6000.00			
^	Fodoral Floation Activity (2.11.5.C. \$421/20)					
U.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity					
	(from Schedule H6)		0.00			
	(i) Federal Share	0.00	0.00			
	(ii) "Levin" Share	0.00	0.00			
	(b) Federal Election Activity Paid Entirely	0.00	0.00			
	With Federal Funds	0.00	0.00			
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
1.	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	98985.88	548697.00			
2.	Total Federal Disbursements					
	(subtract Line 21(a)(ii) and Line 30(a)(ii)					
	from Line 31)	98985.88	548697.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	30948.73	472936.26
4. Total Contribution Refunds (from Line 28(d))	0.00	8500.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30948.73	464436.26
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ ■	985.88	11197.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	985.88	11197.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	6	OF	36	
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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personal ename and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Carol Ann Andrews Mailing Address 22 Lost LakeLane City Bellingham FEC ID number of contributing federal political committee. Name of Employer University Place Care Center Receipt For: Primary General Other (specify)	State Zip Code WA 98229 C Occupation Administrator Aggregate Year-to-Date ▼	Date of Receipt 99 30 2015 Transaction ID: C3108561 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Sylvia Balistreri Mailing Address 215 N Power Rd Unit 132 City Mesa FEC ID number of contributing federal political committee. Name of Employer Arizona Health Care Association Receipt For: Primary General Other (specify)	State Zip Code AZ 85205 C Occupation Director, Quality & Regulatory Srvs Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D 04 2015 Transaction ID : C3086934 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Heath Boddy Mailing Address 2201 N 98th Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Nebraska Health Care Association Receipt For: Primary General Other (specify)	State Zip Code NE 68505 C Occupation State Executive Aggregate Year-to-Date ▼	Date of Receipt 09 17 2015 Transaction ID : C3095009 Amount of Each Receipt this Period 87.50
SUBTOTAL of Receipts This Page (optional)	>	587.50
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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	13		14		15	16	6	17

	Statements may not be sold or used by any personne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Al Breaux Jr. Mailing Address 405 Allen Street		Date of Receipt
City New Iberia	State Zip Code LA 70563	09 28 2015 Transaction ID : C3114253
FEC ID number of contributing federal political committee.	C 70563	Amount of Each Receipt this Period 500.00
Name of Employer Nexion Health Receipt For: Primary General Other (specify) ▼	Occupation Administrator Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) 3. Jerome Carmy Mailing Address 927 Elgin Court		Date of Receipt 09 27 2015
City Fort Collins	State Zip Code CO 80524	Transaction ID : C3105802 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Juniper Communities	Occupation Executive Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Full Name (Last, First, Middle Initial) C. Shannon Cayea		Date of Receipt
Mailing Address 149 Park Drive		09 04 2015
City Oneonta	State Zip Code NY 13820	Transaction ID : C3090215 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Susquehanna Nursing & Rehab Center	Occupation COO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		775.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the **Detailed Summary Page**

F	FOR LINE NUMBER:					PAGE	8	OF	36
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Beth Coplin Date of Receipt Mailing Address 106 Shawnee Cir. 2015 18 City State Zip Code Transaction ID: C3099275 West Monroe LA 71291 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Administrator Landmark Nursing & Rehab Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mary Tess Crotty Date of Receipt Mailing Address 6 Munroe Drive 09 2015 19 City State Zip Code Transaction ID: C3099170 MA 01966 Rockport Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Name of Employer Occupation Genesis Health Care VP, Quality Receipt For:

		I .
Full Name (Last, First, Middle Initial) . Randall Cyphers		Date of Receipt
Mailing Address 14591 SE Hemmen Ave		09 30 2015
City	State Zip Code	Transaction ID : C3108225
Clackamas	OR 97015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Brookdale	Regional VP	
Receipt For:	Aggregate Year-to-Date ▼	

225.00

250.00

Aggregate Year-to-Date ▼

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Primary

Primary

Other (specify)

Other (specify)

General

General

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
/	and i dinical Action Committee	
Full Name (Last, First, Middle Initial) Robin Dale		Date of Receipt
Mailing Address 4805 N. 18th Street		09 03 2015
City	State Zip Code	Transaction ID : C3090214
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Washington Health Care Assn.	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00.0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) Robin Dale	-	Date of Receipt
Mailing Address 4805 N. 18th Street		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City	State Zip Code	09 30 2015 Transaction ID : C3108190
Tacoma	WA 98406	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	-
Washington Health Care Assn.	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	
Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 4033 Catalina Drive		M = M / D = D / Y = Y = Y = Y
	Ctoto 7's Cada	09 01 2015
City Jefferson City	State Zip Code MO 65109	Transaction ID : C3085102 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Health Care Association of New Jersey	Trade Association Executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
OUDTOTAL of Decide Till Decide in a		600.00
SUBIUIAL of Receipts This Page (optional)	>	000.00
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10 OF 36 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Mitchell S. Elliott Date of Receipt Mailing Address 20220 Harney Street 2015 09 City State Zip Code Transaction ID: C3092402 ΝE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Chief Development Officer Vetter Health Services. Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joanne E Erickson Date of Receipt Mailing Address 911 S Randolph St 09 28 2015 City State Zip Code Transaction ID: C3114255 VA Arlington 22204-1564 Amount of Each Receipt this Period FEC ID number of contributing 86.96 federal political committee. Name of Employer Occupation American Health Care Association Senior Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$43.48 Bi-Weekly 739.12 Other (specify) Full Name (Last, First, Middle Initial) **c.** Carol Ernst Date of Receipt Mailing Address 9601 Leighton Ave 09 23 2015 City State Zip Code Transaction ID: C3104001 NF Lincoln 68507 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **Eastmont Towers Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1336.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)	• •	o solicit contributions from such committee.
, ,	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Teresa Eyet Mailing Address 10009 Dallas Ave		Date of Receipt
0.1	21-1- 71- O. d.	09 28 2015
City Takoma Park	State Zip Code MD 20901-2240	Transaction ID : C3114256
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 101.74
Name of Employer American Health Care Association	Occupation Senior Director, Education	_
Receipt For: Primary General Other (specify) Other	Aggregate Year-to-Date ▼ 813.92	* Payroll Deduction: \$50.87 Bi-Weekly
Full Name (Last, First, Middle Initial) Don Gormly Mailing Address 16992 Marinabay Dr		Date of Receipt
	7:01	09 02 2015
City Huntington Beach	State Zip Code CA 92649-2916	Transaction ID : C3085458
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 5000.00
Name of Employer Meritage Healthcare, LLC	Occupation CEO	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Ronald Goux		Data of Descipt
Mailing Address 2045 Highway 59 PO Box 1429		Date of Receipt 09 14 2015
City Mandeville	State Zip Code LA 70448-1909	Transaction ID : C3092122
FEC ID number of contributing federal political committee.	C 70448-1909	Amount of Each Receipt this Period 833.00
Name of Employer	Occupation	
Gulf South Medical Enterprises	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.00	
SUBTOTAL of Receipts This Page (optional)		5934.74
TOTAL This Period (last page this line number	<u> </u>	

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) William J. Griffith Date of Receipt Mailing Address 1825 7th Street, NW #901 2015 28 City Zip Code State Transaction ID: C3114257 DC Washington 20001 Amount of Each Receipt this Period FEC ID number of contributing 43.48 federal political committee. Name of Employer Occupation Senior Manager, Political Affairs American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$21.74 Bi-Weekly 368.67 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer S Hahs Date of Receipt Mailing Address 12423 Flint Street 09 28 2015 City State Zip Code Transaction ID: C3114258 Overland Park KS 66213 Amount of Each Receipt this Period FEC ID number of contributing 90.90 federal political committee. Name of Employer Occupation American Health Care Association Senior Director, Political Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$45.45 Bi-Weekly 725.19 Other (specify) Full Name (Last, First, Middle Initial) **c.** J. Carole Jones Date of Receipt Mailing Address 5601 Seminary Road, Apt. 2505N 09 18 2015 City Zip Code State Transaction ID: C3099273 Falls Church VA 22041 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation American Health Care Association **Executive Assistant to the President** Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 234.38 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) David A Kyllo Date of Receipt Mailing Address 4621 28th Road South 2015 28 City Zip Code State Transaction ID: C3114260 VA Arlington 22206 Amount of Each Receipt this Period FEC ID number of contributing C 217.40 federal political committee. Name of Employer Occupation AHCA/NCAL VP, Insurance and Member Programs Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$108.70 Bi-Weekly 1847.80 Other (specify) Full Name (Last, First, Middle Initial) B. Meg LaPorte Date of Receipt Mailing Address 7708 Meadow Lane 09 28 2015 City State Zip Code Transaction ID: C3114261 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 156.52 federal political committee. Name of Employer Occupation AHCA/NCAL Senior Policy Director Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$78.26 Bi-Weekly 1266.74 Other (specify) Full Name (Last, First, Middle Initial) c. Randy Lee Date of Receipt Mailing Address 176 Laurelhurst Ave 09 18 2015 City Zip Code State Transaction ID: C3099274 SC Columbia 29210-3824 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation South Carolina Health Care Assn **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1373.92 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
$\Big angle$ American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) 1. Jeff Mukamal		Date of Receipt
Mailing Address 1641 Stannard Trail		09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C3103780
Raleigh	NC 27612	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Providence Management and Development	VP of Healthcare Consulting	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Marcus Naquin		Date of Receipt
Mailing Address 1702 South Elm Street		09 06 2015
City	State Zip Code	Transaction ID : C3087702
Hammond	LA 70403	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Hammond Nursing Home	Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) Christopher Parks		Date of Receipt
Mailing Address 1730 Truro Rd		09 28 _2015
City	State Zip Code	Transaction ID : C3114262
Crofton	MD 21114-2520	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
American Health Care Association	Director of IT and Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	345.83	* Payroll Deduction: \$25.00 Bi-Weekly
SUBTOTAL of Receipts This Page (optional)		800.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) William J. Pascocello Date of Receipt Mailing Address 49 Top of the Rdg 2015 22 City Zip Code State Transaction ID: C3101530 NY Mamaroneck 10543-1734 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self Employed Nursing Home Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dale Patterson Date of Receipt Mailing Address 4601 NE 77th Ave Suite 300 09 30 2015 City State Zip Code Transaction ID: C3108183 WA Vancouver 98662 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation EmpRes Healthcare Management, LLC CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Clifton Porter Date of Receipt Mailing Address 3929 Azalea Court 09 28 2015 City Zip Code State Transaction ID: C3114263 OH Maumee 43537 Amount of Each Receipt this Period FEC ID number of contributing 384.62 С federal political committee. Name of Employer Occupation **SVP Government Relations** American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$192.31 Bi-Weekly 3846.20 Other (specify) 6384.62 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

16 OF 36 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gary Porter Date of Receipt Mailing Address PO Box 128 2015 18 City Zip Code State Transaction ID: C3095918 OK Ardmore 73402 Amount of Each Receipt this Period FEC ID number of contributing C 1666.00 federal political committee. Name of Employer Occupation Premier Health Care, LLC Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 3332.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Martin Porter Date of Receipt Mailing Address PO Box 128 09 18 2015 City State Zip Code Transaction ID: C3095919 OK Ardmore 73402-0128 Amount of Each Receipt this Period FEC ID number of contributing 1666.00 federal political committee. Name of Employer Occupation Premier Health Care, LLC COO Receipt For: Aggregate Year-to-Date ▼ Primary General 3332.00 Other (specify) Full Name (Last, First, Middle Initial) c. Denise T. Pozderac Date of Receipt Mailing Address 6750 Grafton Rd 2015 09 22 City Zip Code State Transaction ID: C3102869 OH Valley City 44280-9705 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Administrator Transitional Living Centers Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 3832.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Mindy Provence Date of Receipt Mailing Address 5420 Plano Parkway 2015 21 City State Zip Code Transaction ID: C3099291 TX Plano 75093 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Vice President West Gables Health Care Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Sally Rapp Date of Receipt Mailing Address 3308 Ocean Blvd 09 21 2015 City State Zip Code Transaction ID: C3099309 CA Corona del Mar 92625 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Sr Administrative Services Inc CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Karen Root Date of Receipt Mailing Address 394 West 400 North 2015 09 10 City State Zip Code Transaction ID: C3090217 UT Orem 84057-4663 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Owner/Administrator Mesa Vista Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 3250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Veronica Sharpe Date of Receipt Mailing Address 102 Oakford Avenue 2015 22 City Zip Code State Transaction ID: C3103079 MD Edgewater 21037 Amount of Each Receipt this Period FEC ID number of contributing C 550.00 federal political committee. Name of Employer Occupation Verandas Management Inc President Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jennifer S Shimer Date of Receipt Mailing Address 9507 Shelly Krasnow Ln 09 28 2015 City State Zip Code Transaction ID: C3114267 VA Fairfax 22031-4720 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Health Care Association COO Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$50.00 Bi-Weekly 695.45 Other (specify) Full Name (Last, First, Middle Initial) **c.** Martin Stott Date of Receipt Mailing Address 15035 Memorial Tower Dr 2015 09 14 City State Zip Code Transaction ID: C3093573 LA **Baton Rouge** 70810-8398 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation Owner/Operator Diversified Health Care Receipt For: Aggregate Year-to-Date ▼ Primary General 3750.00 Other (specify) 1900.00 SUBTOTAL of Receipts This Page (optional).....

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FOR LINE NUMBER: PAGE 19 OF 36 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Joseph Drew Thies Date of Receipt Mailing Address 1101 L Street NW Apt. 504 2015 28 City State Zip Code Transaction ID: C3114268 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing C 43.48 federal political committee. Name of Employer Occupation **AHCA** Manager, Political and Grassroots Receipt For: Aggregate Year-to-Date ▼ Primary General * Payroll Deduction: \$21.74 Bi-Weekly 347.84 Other (specify) Full Name (Last, First, Middle Initial) B. Paula Warren Date of Receipt Mailing Address 3301 Alabama Avenue 09 25 2015 City State Zip Code Transaction ID: C3105376 VA Alexandria 22305 Amount of Each Receipt this Period FEC ID number of contributing 775.00 federal political committee. Name of Employer Occupation American Health Care Association CIO Receipt For: Aggregate Year-to-Date ▼ Primary General 2325.00 Other (specify) Full Name (Last, First, Middle Initial) c. Brett Waters Date of Receipt Mailing Address 2416 Mesa Street 2015 09 27 City State Zip Code Transaction ID: C3105803 ID Idaho Falls 83401 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation President New Beginnings Community Living Home Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1068.48 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) X 11a 11b 11c

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Lisa Zeis Date of Receipt Mailing Address 16695 32nd Avenue N 01 2015 City Zip Code State Transaction ID: C3084939 MN Plymouth 55447 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation **VP Operational Services Tealwood Senior Living** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 23 OF 36	
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SCHEDULE B (FEC Form 3X)		FOR LINE	INE NUMBER: PAGE 24 OF 36					
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of or commercial purposes, other than using the name and address of any potitical committies to solicit contributions from such committies. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. CMR POLITICAL ACTION COMMITTEE Mailing Address PO BOX 2485 City State Zip Code SPRINGFIELD VA 22152 Purpose of Disbursement Contribution Candidate Name Obstruct Full Name (Last, First, Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD, #412 City State Zip Code Patrick Murphy Office Sought: House President Primary General Primary General Primary General Primary Category Types of Disbursement Contribution Candidate Name Disbursement For: 2016 Amount of Each Disbursement Category Types of Disbursement Category Types of Disbursement Contribution Candidate Name Disbursement For: 2016 Amount of Each Disbursement Contribution Candidate Name Transaction ID: D168298 Amount of Each Disbursement Contribution Category Types of Disbursement Category Types of Disbursement Contribution Category Types of Disbursement Contribution Category Types of Disbursement Contribution Category Types of Disbursement Category Types of Disbursement Contribution Category Types of Disbursement Contribution Category Types of Disbursement Category Ty	ITEMIZED DISBURSEMENTS		(check only	one)	
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ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in First) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cardidate Name Category/ Type Office Sought: Full Name (Last, First, Middle Initial) B. FRIRNDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Distoursement Other (specify) ▼ State Zip Code FIL 33418 Furpose of Disbursement Contribution Candidate Name Category/ Type Distoursement Other (specify) ▼ Distoursement Other (specify) ▼ Date of Disbursement Transaction ID: D168298 Amount of Each Disbursement Contribution Category/ Type Distoursement Other (specify) ▼ Date of Disbursement Contribution Category/ Type Distoursement Distoursement Other (specify) ▼ Date of Disbursement Other (specify) ▼ Date of Disbursement Distoursement Transaction ID: D168298 Amount of Each Disbursement Contribution Category/ Type Distoursement Distoursement Distoursement Other (specify) ▼ Date of Disbursement Distoursement	[
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A. CMR POLITICAL ACTION COMMITTEE Mailing Address PO BOX 2485 City ShrinkGFIELD State Zip Code ShrinkGFIELD VA 22152 Transaction ID : D168166 Purpose of Disbursement Contribution Candidate Name Category' Senate President Disbursement For: Senate Primary General Primary South State: District: Full Name (Last. First. Middle Initial) B. FRIENDS OF PATRICK MURPHY Mailing Address 4521 PGA BLVD. #412 City State Zip Code Palm Beach Gardens FL 33418 Purpose of Disbursement Contribution Candidate Name Rep. Patrick Murphy Olico Sought: House Disbursement For: 2016 Primary General Primary General Primary Gardens FL 33418 Full Name (Last. First. Middle Initial) C. Jason Smith for Congress Mailing Address PO Box 1324 City State Zip Code Primary General Primary General Primary Gardens Primary Gardens Primary General Primary Gardens Primary Gardens Primary Gardens Primary Gardens Primary Gardens Primary General Primary Gardens Primary Gard	American Health Care Association	Political Action Con	nmittee		
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Candidate Name Rep. Jason Smith Office Sought: House Senate Primary General Other (specify) ▼ State: MO District: 08 Substitute Primary General Other (specify) ▼ Substitute Primary General Other (specify) ▼ 10000.00					
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State: MO District: 08 SUBTOTAL of Disbursements This Page (optional)		ment For: 2016	71		
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SCHEDULE B (FEC Form 3X)	Harris I I I I I I	FOR LINE N	NUMBER:	PAGE 26 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		24 25 20
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and State	nents may not be sold or used			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	-	T		
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. KEYSTONE AMERICA PAC			Date of Disbursemer	
Mailing Address 700 13TH STREET			09 21	2015
SUITE 600				
City WASHINGTON	State Zip Code DC 20005		Transaction ID : D1	68294
Purpose of Disbursement	20003			
Contribution		: : II	Amount of Each Disk	oursement this Period
Candidate Name		Category/		3000.00
Office Sought: House Disburse	ment For:	Туре	7	4
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. LOIS FRANKEL FOR CONGRESS	2		Date of Disbursemer	nt
5. LOIS FRANKEL FOR CONGRESS)		M M / D D	/ Y Y Y Y Y
Mailing Address P.O. BOX 812421			09 14	2015
City Boca Raton	State Zip Code FL 33481		Transaction ID : D	168157
Purpose of Disbursement	33401			
Contribution			Amount of Each Disk	oursement this Period
Candidate Name	'	Category/		2500.00
Rep. Lois Frankel Office Sought: House Disburse	ment For: 2016	Туре		
	Primary General			
President	Other (specify) ▼			
State: FL District: 22				
Full Name (Last, First, Middle Initial)			Date of Disbursemer	nt
C. Making America Prosperous PAC			M M / D D	/ Y Y Y Y Y
Mailing Address PO Box 2485			09 14	2015
City	State Zip Code		Transaction ID - Dr	100400
Springfield	VA 22152		Transaction ID : D1	168160
Purpose of Disbursement Contribution				
Candidate Name		Category/ Type	Amount of Each Disk	oursement this Period 4000.00
Office Sought: House Disbursel	ment For:	71		
Senate	Primary General			
President Pictriot:	Other (specify) ▼			
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SUBTOTAL of Disbursements This Page (optional)				9500.00
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TOTAL This Period (last page this line number only))			7

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 27 OF 36
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or for commercial purposes, other than using the n	ame and address of any poli	itical committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	- Dallica di Ascissi Os		
American Health Care Associatio	n Political Action Co	mmittee	
Full Name (Last, First, Middle Initial)			
A. Missourians for Accountability & 0	Change		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 700 13TH STREET, NW SUITE 600			09 29 2015
City	State Zip Code		
WASHINGTON	DC 20005		Transaction ID : D168368
Purpose of Disbursement			
Contribution		<u> </u>	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburs	ement For:	Type	
Senate Sought.	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
B. New Pioneers PAC			Date of Disbursement
 			M = M / D = D / Y = Y = Y
Mailing Address 228 S WASHINGTON ST STE	15		09 14 2015
City	State Zip Code		
Alexandria	VA 22314		Transaction ID : D168164
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			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disburs	ement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
C. PEOPLE FOR BEN			Date of Disbursement
Mailing Address DO DOV 04400			09 30 2015
Mailing Address PO BOX 31129			09 30 2013
City	State Zip Code		Tanana dia u ID Daggara
SANTA FE	NM 87594		Transaction ID : D168411
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Rep. Ben Ray Lujan		Category/	2500.00
• •	ement For: 2016	Туре	
Senate	Primary General		
President	Other (specify)		
State: NM District: 03			
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	Detailed Summary Page	21b	22 🗙 23 📗 24 📗 25 📉 26
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or for commercial purposes, other than using the nan			
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American Health Care Association	Political Action Co.	mmittee	
/ / menean ricalin date / 1330clation	1 Olltical Action Co.	Tillitico	
Full Name (Last, First, Middle Initial)			
^{A.} BRAD ASHFORD FOR CONGRES	SS		Date of Disbursement
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Mailing Address PO BOX 24023			09 29 2015
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,	State Zip Code NE 68124		Transaction ID: D168362
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Contribution			Amount of Each Disbursement this Period
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		Category/	1000.00
Rep. Brad Ashford Office Sought: House Disburser		Type	
	nent For: 2016		
Senate	Primary General		
State: NE District: 02	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Data of Diskum and
B. BLUMENAUER FOR CONGRESS			Date of Disbursement
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Mailing Address 232 NE 9TH ST			09 14 2015
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•	State Zip Code		Transaction ID : D168162
PORTLAND	State Zip Code OR 97232		Transaction ID : D168162
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PORTLAND Purpose of Disbursement Contribution Candidate Name Rep. EARL BLUMENAUER Office Sought: House Disburser	nent For: 2016 Primary General		Amount of Each Disbursement this Period
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PORTLAND Purpose of Disbursement Contribution Candidate Name Rep. EARL BLUMENAUER Office Sought: House Senate President State: OR District: 03 Full Name (Last, First, Middle Initial)	nent For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00
PORTLAND Purpose of Disbursement Contribution Candidate Name Rep. EARL BLUMENAUER Office Sought: House Disburser	nent For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement
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PORTLAND Purpose of Disbursement Contribution Candidate Name Rep. EARL BLUMENAUER Office Sought: House Senate President	nent For: 2016 Primary General Other (specify) State Zip Code NJ 07740 nent For: 2016 Primary General Other (specify) Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
PORTLAND Purpose of Disbursement Contribution Candidate Name Rep. EARL BLUMENAUER Office Sought: State: OR District: 03 Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS Mailing Address PO Box 3176 City Long Branch Purpose of Disbursement Contribution Candidate Name Rep. Frank Pallone Jr. Office Sought: House Senate President State: NJ District: 06	nent For: 2016 Primary General Other (specify) State Zip Code NJ 07740 nent For: 2016 Primary General Other (specify) Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 29 OF 36
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,			
American Health Care Association	n Political Action (Committee		
/ American ricanii Gare Accolance	Tr ontioar Action C			
Full Name (Last, First, Middle Initial)				
^{A.} GEORGE HOLDING FOR CONG	RESS INC.		Date of Disburseme	ent
Mailing Address PO BOX 97187			09 30	2015
Mailing Address FO BOX 97 107			09 30	2013
City	State Zip Code		Transaction ID - D	1400440
RALEIGH	NC 27624		Transaction ID : D	7108412
Purpose of Disbursement Contribution			Assessment of Foods Die	de marcha de la Desta d
Candidate Name			Amount of Each Dis	sbursement this Period
Rep. George Holding		Category/ Type		1000.00
	ement For: 2016	1,750		,
Senate	Primary Gener	al		
President	Other (specify) ▼			
State: NC District: 13				
Full Name (Last, First, Middle Initial)	NA.		Data of Dishuraama	unt.
B. FRIENDS OF GLENN THOMPSO	N		Date of Disburseme	
Mailing Address 133 Water Tower Lane			09 / D D	2015
City.	State Zip Code			1468262
City			Transaction ID : D	7100303
Spring Mills	PA 16875		Transaction ID : D	7106303
		T		sbursement this Period
Spring Mills Purpose of Disbursement		Category		sbursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson	PA 16875	Category/ Type		
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Disburs	PA 16875 ement For: 2016	Type		sbursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate Disburs	PA 16875 ement For: 2016 Primary Gener	Type		sbursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President Disburs	PA 16875 ement For: 2016	Type		sbursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05	PA 16875 ement For: 2016 Primary Gener	Type		sbursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05 Full Name (Last, First, Middle Initial)	PA 16875 ement For: 2016 Primary Gener	Type		sbursement this Period 1000.00
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05	PA 16875 ement For: 2016 Primary Gener	Type	Amount of Each Dis	abursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05 Full Name (Last, First, Middle Initial)	PA 16875 ement For: 2016 Primary Gener	Type	Amount of Each Dis	abursement this Period 1000.00
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: Senate President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091	ement For: 2016 Primary Gener Other (specify)	Type	Amount of Each Dis	ant
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City	ement For: 2016 Primary Gener Other (specify)	Type	Amount of Each Dis	abursement this Period 1000.00 ent / Y Y Y Y Y Y Y Y Y Y Y 2015
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: Senate President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River Purpose of Disbursement	ement For: 2016 Primary Gener Other (specify)	Type	Date of Disburseme	abursement this Period 1000.00 ent / Y Y Y Y Y Y Y Y Y Y Y 2015
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Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contribution Candidate Name Rep. Greg P. Walden Office Sought: House Disburs	ement For: 2016 Primary Gener Other (specify) State Zip Code OR 97031 ement For: 2016	Type ral Category/ Type	Date of Disburseme	ent / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: Senate President President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contribution Candidate Name Rep. Greg P. Walden Office Sought: House Senate Disburs	ement For: 2016 Primary Gener Other (specify) State Zip Code OR 97031 ement For: 2016 Primary Gener	Type ral Category/ Type	Date of Disburseme	ent / Y Y Y Y Y Y Y Y Y 2015 20168165 Subursement this Period
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contribution Candidate Name Rep. Greg P. Walden Office Sought: House Senate President Disburs Disburs Disburs Disburs	ement For: 2016 Primary Gener Other (specify) State Zip Code OR 97031 ement For: 2016 Primary Gener	Type ral Category/ Type	Date of Disburseme	ent / Y Y Y Y Y 2015 20168165 Sbursement this Period 5000.00
Spring Mills Purpose of Disbursement Contribution Candidate Name Rep. Glenn Thompson Office Sought: House Senate President State: PA District: 05 Full Name (Last, First, Middle Initial) C. WALDEN FOR CONGRESS Mailing Address PO Box 1091 City Hood River Purpose of Disbursement Contribution Candidate Name Rep. Greg P. Walden Office Sought: House Senate President Disburs Disburs Disburs Disburs	ement For: 2016 Primary Gener Other (specify) State Zip Code OR 97031 ement For: 2016 Primary Gener Other (specify)	Type ral Category/ Type	Date of Disburseme	ent / Y Y Y Y Y Y Y Y Y 2015 20168165 Subursement this Period
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 30 OF 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)				
	Detailed Summary Page	21b	22 🗙 23	24 25 26			
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NAME OF COMMITTEE (In Full)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
American Health Care Association	Political Action Com	nmittee					
Full Name (Last, First, Middle Initial)							
A. COURTNEY FOR CONGRESS			Date of Disburseme	ent			
Mailing Address 38 Risley Road			09 29	2015			
City	State Zip Code						
Vernon	CT 06066		Transaction ID : D	0168367			
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		2500.00			
Rep. Joe Courtney		Туре		2500.00			
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼						
State: CT District: 02	Convention						
Full Name (Last, First, Middle Initial)							
B. LARSON FOR CONGRESS			Date of Disburseme	ent			
Mailing Address PO Box 261172			09 29	2015			
Hartford	State Zip Code CT 06126		Transaction ID : [0168361			
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		2500.00			
Rep. John B. Larson		Туре		2000.00			
Senate	ment For: 2016 Primary General Other (specify) Convention						
Full Name (Last, First, Middle Initial)							
c. CROWLEY FOR CONGRESS			Date of Disburseme	ent			
Mailing Address 84-56 Grand Avenue			09 / 29	2015			
City Elmhurst	State Zip Code NY 11373		Transaction ID : [D168369			
Purpose of Disbursement	1.0.0						
Contribution			Amount of Each Dis	sbursement this Period			
Candidate Name		Category/		5000.00			
Rep. Joseph Crowley		Туре		3000.00			
Senate President	ment For: 2016 Primary General Other (specify) ▼						
State: NY District: 14							
SUBTOTAL of Disbursements This Page (optional).		······		10000.00			
TOTAL This Period (last page this line number only)			-			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 31 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
	Detailed Summary Page	21b	22 🗙 23	24 25 26
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NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)			D (D: 1	
A. CASTOR FOR CONGRESS			Date of Disbursemen	nt
Mailing Address 301 W. Platt Street #385			09 21	2015
,	State Zip Code		Transaction ID : D	168297
Tampa	FL 33606		Transaction ib . b	100231
Purpose of Disbursement Contribution			Amount of Each Disl	oursement this Period
Candidate Name		Category/		2500.00
Rep. Kathy Castor		Туре	7	2300.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)			
State: FL District: 14				
Full Name (Last, First, Middle Initial)				
B. MICHAEL BURGESS FOR CONG	RESS		Date of Disbursemen	nt
Mailing Address PO Box 2334			09 14	2015
Denton	State Zip Code TX 76202		Transaction ID : D	168161
Purpose of Disbursement Contribution			Amount of Each Disl	oursement this Period
Candidate Name		Category/		2500.00
Rep. Michael C. Burgess		Type	7	2300.00
	nent For: 2016 Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. MORGAN GRIFFITH FOR CONGI	RESS		Date of Disbursemen	nt
Mailing Address PO BOX 361			09 / 21	2015
,	State Zip Code VA 24068		Transaction ID : D	168296
CHRISTIANSBURG Purpose of Disbursement	VA 24068			
Contribution			Amount of Each Disl	oursement this Period
Candidate Name		Category/	7 61. 246.1 216.1	
Rep. H MORGAN GRIFFITH		Type		2500.00
Senate President	nent For: 2016 Primary General Other (specify)			
State: VA District: 09				
SUBTOTAL of Disbursements This Page (optional)		·····•		7500.00
TOTAL This Period (last page this line number only))	·····•		

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			category of the Summary Page		21b	22	X 23		24	25		26
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\	IAME OF COMMITTEE (In Full)	Dalitiaa	I Antion Com	:44								
/ ′	American Health Care Association	Politica	II Action Com	imiliee								
_	ull Name (Last, First, Middle Initial)											
Α.	PETE AGUILAR FOR CONGRESS	3				Date of	Disburs	ement				
_	Mailing Address PO BOX 10954				-	M = M		14		y y 2015	Y	
	naming Address 1 C BOX 10904					0.0				2013		
C	City S	State	Zip Code			Trans	action II) · D16	8158			
	SAN BERNARDINO	CA	92423			ITAIIS	action ii	J. D10	0130			
	Purpose of Disbursement Contribution				7	Amount	of Each	Disbu	rseme	nt this	Period	
7	Candidate Name			Category	,,			_	-	-	-	7
F	Rep. Pete Aguilar			Type	'		- 7		,	400	0.00	J
C	Office Sought: House Disbursen	nent For:	2016									
		Primary	General									
c		Other (spe	ecity) 🔻									
	State: CA District: 31 Full Name (Last, First, Middle Initial)				_							
	RENEE ELLMERS FOR CONGRE	SS CO	MMITTEE			Date of	Disburs	ement				
	KEINEE EEEMEKS I OK GONOKE	.00 00				M M	_	D /	Υ	Y	Y	
N	Mailing Address PO BOX 99567					09	J L	14		2015	_	
_	A11.		- : 0 .									
	,	State NC	Zip Code			Trans	action II	D : D16	8159			
F		State NC	Zip Code 27624			Trans	action II	D : D16	8159			
F	RALEIGH				7		action II			nt this	Period	
F	RALEIGH Purpose of Disbursement Contribution Candidate Name			Category						-	-	1
F 7	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers	NC	27624	Category Type						-	Period 0.00]
F 7	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursen	NC	27624							-	-]
F 7	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursen	nent For:	27624 2016 General							-	-]
F F C I	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursen	NC	27624 2016 General							-	-]
F F C I	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursement	nent For:	27624 2016 General							-	-]
F S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursen	nent For:	27624 2016 General			Amount		Disbu		-	-]
5 S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursement	nent For:	27624 2016 General			Amount Date of	of Each	ement	rseme	100	0.00]
5 S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursent Senate President President State: NC District: 02	nent For:	27624 2016 General			Amount	of Each	ı Disbui	rseme	100	0.00]
5 5 6 7 8 8 7 8	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Senate President President District: 02 Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS Mailing Address PO BOX 8145	nent For:	27624 2016 General			Date of	Disburs	ement	rseme	100	0.00]
S S S S S S S S S S S S S S S S S S S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Senate President President District: 02 Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS Mailing Address PO BOX 8145	nent For: Primary Other (spe	27624 2016 General scify) •			Date of	of Each	ement	rseme	100	0.00]
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5 S S S S S S S S S S S S S S S S S S S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursement Senate President President O2 Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS Mailing Address PO BOX 8145 City Senate O2 Contribution O3 Contribution	nent For: Primary Other (spe	27624 2016 General ecify) Zip Code	Type		Date of 09	Disburs	ement 21 D: D16	rseme	100 2015	0.00	
S S S S S S S S S S S S S S S S S S S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Senate President President OOLD FOR CONGRESS Mailing Address PO BOX 8145 Disbursen State: Mailing Address PO BOX 8145 Dispurpose of Disbursement Contribution Candidate Name	nent For: Primary Other (spe	27624 2016 General ecify) Zip Code	Type		Date of 09	Disburs	ement 21 D: D16	rseme	100 2015 nt this	0.00	
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S S C. N F F C C C C C C C C C C C C C C C C C	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Disbursement President Pre	nent For: Primary Other (spe	27624 2016	Type		Date of 09	Disburs	ement 21 D: D16	rseme	100 2015 nt this	0.00 Y Period	
S S C . M F F C . S S C . S S S S S S S S S S S S S S S S S S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Senate President President	nent For: Primary Other (spe	27624 2016 General cify) ▼ Zip Code 60093 2016 General cify) ▼	Type Category Type		Date of 09	Disburs	ement 21 D: D16	rseme	2015 nt this	0.00 Y Period 0.00	
S S C . M F F C . S S C . S S S S S S S S S S S S S S S S S S	RALEIGH Purpose of Disbursement Contribution Candidate Name Rep. Renee J. Ellmers Office Sought: House Senate President President District: 02 Full Name (Last, First, Middle Initial) DOLD FOR CONGRESS Mailing Address PO BOX 8145 Ourpose of Disbursement Contribution Candidate Name Rep. ROBERT JAMES DOLD JR Office Sought: House Senate President Disbursen Senate President Disbursen Senate President	nent For: Primary Other (spe	27624 2016 General acify) Zip Code 60093 2016 General acify) General	Type Category Type		Date of 09	Disburs	ement 21 D: D16	rseme	100 2015 nt this	0.00 Y Period 0.00	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 33 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
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Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Com	nmittee		
Full Name (Last, First, Middle Initial)				
A. GALLEGO FOR ARIZONA			Date of Disburseme	
Mailing Address PO BOX 1710			09 / 14	2015
City	State Zip Code		Towns of the ID D	4400407
PHOENIX	AZ 85001		Transaction ID : D	1168167
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		4000.00
Rep. Ruben Gallego Office Sought: House Disburse	ment For: 2016	Туре		.555.66
Senate President	Primary General Other (specify)			
State: AZ District: 07				
Full Name (Last, First, Middle Initial)			D . (D)	
B. TIM WALZ FOR US CONGRESS			Date of Disburseme	
Mailing Address PO BOX 938			09 29	2015
MANKATO	State Zip Code MN 56002		Transaction ID : D	0168360
Purpose of Disbursement Contribution			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
Rep. TIMOTHY J. WALZ		Type		1000.00
	ment For: 2016 Primary ☐ General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. TOM REED FOR CONGRESS			Date of Disburseme	ent
Mailing Address PO Box 10847			09 / 21	2015
City	State Zip Code		Transaction ID : D	1168200
Rochester Rurages of Dishuragement	NY 14610		Transaction ID . L	
Purpose of Disbursement Contribution			Assessment of Foods Die	de la companya de la
Candidate Name		Cotogogy	Amount of Each Dis	sbursement this Period
Rep. THOMAS W REED II		Category/ Type		1000.00
Office Sought: House Senate President Disburse	ment For: 2016 Primary General Other (specify)			
State: NY District: 23				
SUBTOTAL of Disbursements This Page (optional)		······	5	6000.00
TOTAL This Period (last page this line number only)			7

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 34 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	TVO MBETT.
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or for commercial purposes, other than using the name	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	.		
American Health Care Association	Political Action Cor	nmittee	
Full Name (Last, First, Middle Initial)		İ	
A. VERN BUCHANAN FOR CONGRE	SS		Date of Disbursement
	-		M M / D D / Y Y Y Y
Mailing Address P. O. Box 48928			09 29 2015
City	State Zip Code		
Sarasota	FL 34230		Transaction ID: D168370
Purpose of Disbursement			
Contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Vern Buchanan	ont For: 0040	Туре	1000.00
	nent For: 2016 Primary General		
President	Other (specify)		
State: FL District: 16	(1 · 3/ ♥		
Full Name (Last, First, Middle Initial)			
B. RESPONSIBILITY AND FREEDOM	I WORK PAC (RF)	NPAC)	Date of Disbursement
	•	•	M M / D D / Y Y Y Y
Mailing Address PO BOX 80			09 29 2015
City	State Zip Code		
, and the second se	MS 39205		Transaction ID: D168364
Purpose of Disbursement Contribution			
			Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Office Sought: House Disbursen	nent For:	Type	
	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
C. FRIENDS OF PAT TOOMEY			Date of Disbursement
Mailing Address 228 S. Washington Street			09 08 2015
Suite 115			2010
	State Zip Code		Transaction ID : D168062
	VA 22314		11a113a0ti011 ID . D100002
Purpose of Disbursement Contribution			
Candidate Name			Amount of Each Disbursement this Period
Sen. Patrick J. Toomey		Category/ Type	5000.00
•	nent For: 2016	71	
	Primary General		
	Other (specify) ▼		
State: PA District:			
			11000.00
SUBTOTAL of Disbursements This Page (optional)		·····•	11000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAG	E 35 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	21b	22 X 23 24	25 26
[<u> </u>	27	28a 28b 28c	29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
American Health Care Association	Political Action Con	nmittee		
\bigvee				
Full Name (Last, First, Middle Initial)			D . (D:)	
A. PEOPLE FOR PATTY MURRAY			Date of Disbursement	
Mailing Address PO BOX 3662			09 14	2015
,	State Zip Code		Transaction ID : D168163	
SEATTLE Purpose of Disbursement	WA 98124		Transaction is 15 100 100	
Contribution			Amount of Each Disbursem	ent this Period
Candidate Name		Category	2.20.000	
Sen. Patty Murray		Category/ Type		2500.00
Office Sought: House Disburse	ment For: 2016			
X Senate	Primary General			
State: WA District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. THE RICHARD BURR COMMITTI	==		Date of Disbursement	
THE KICHARD BOKK COMMITTE	- -			YYY
Mailing Address POST OFFICE BOX 5928			09 08	2015
City WINSTON-SALEM	State Zip Code NC 27113		Transaction ID : D168064	
Purpose of Disbursement	27113			
Contribution			Amount of Each Disbursem	ent this Period
Candidate Name		Category/		2500.00
Sen. Richard M. Burr		Type		2300.00
	ment For: 2016 Primary General			
President	Other (specify)			
State: NC District:	• (opes)			
Full Name (Last, First, Middle Initial)				
C. THE RICHARD BURR COMMITTE	ΕE		Date of Disbursement	
				YYYY
Mailing Address POST OFFICE BOX 5928			09 29	2015
City	State Zip Code			
WINSTON-SALEM	NC 27113		Transaction ID : D168365	
Purpose of Disbursement Contribution				
Candidate Name			Amount of Each Disbursem	ent this Period
Sen. Richard M. Burr		Category/ Type		2500.00
	ment For: 2016	туре	7	
▼ Senate	Primary General			
President	Other (specify) ▼			
State: NC District:				
				7500.00
SUBTOTAL of Disbursements This Page (optional)		·····		7500.00
TOTAL This Period (last page this line number only				
I	J · · · · · · · · · · · · · · · · · · ·			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 36 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 22 X 23	24 25 26
Any information copied from such Reports and Statem	nents may not be sold or use	ed by any perso	28a 28b	
or for commercial purposes, other than using the name	e and address of any politic	al committee to	solicit contribution	s from such committee.
NAME OF COMMITTEE (In Full)		1		
American Health Care Association	Political Action Com	nmittee		
Full Name (Last, First, Middle Initial)			Data of Distance	
A. THE RICHARD BURR COMMITTE	Ε		Date of Disburs	sement
Mailing Address POST OFFICE BOX 5928				2015
,	State Zip Code		Transaction I	D · D168366
	NC 27113		Hansaction	J . D 100300
Purpose of Disbursement Contribution			Amount of Eacl	n Disbursement this Period
Candidate Name		Category/		2500.00
Sen. Richard M. Burr Office Sought: House Disbursen	nent For: 2016	Туре		2000.00
Senate	Primary			
State: NC District:	₹			
Full Name (Last, First, Middle Initial)				
3.			Date of Disburs	
Mailing Address			M M / D	D / Y Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Fact	n Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disbursen Senate	nent For: Primary General	1,750		
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Date of Disburs	amant
.				D / Y Y Y Y
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Eacl	n Disbursement this Period
	nent For: Primary General Other (specify)	Турс		
State: District:				
SUBTOTAL of Disbursements This Page (optional)			-	2500.00
·				00000 00
TOTAL This Period (last page this line number only).				98000.00